

P06000123407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

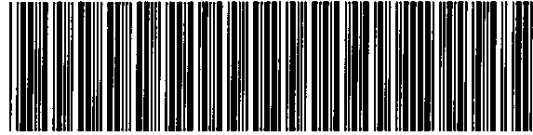
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900079948429

09/25/06--01031--018 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 SEP 25 PM 3:39

144

**COVER LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: DEBT NEGOTIATION SOLUTIONS, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: CAREY ORLANDO GANDY  
Name (Printed or typed)

1505 CRESCENT CIRCLE #29  
Address

LAKE PARK, FLORIDA 33403  
City, State & Zip

561 324 0570  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 25 PM 3:39

## ARTICLE I NAME

The name of the corporation shall be:

DEBT NEGOTIATION SOLUTIONS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1505 CRESCENT CIRCLE, SUITE #29  
LAKE PARK, FLORIDA 33403

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SETTLE UNSECURED DEBT FOR INDIVIDUALS AND  
BUSINESSES

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CAREY ORLANDO GANDY  
1505 CRESCENT CIRCLE SUITE #29, LAKE PARK, FL 33403  
PRESIDENT, SECRETARY, TREASURER

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CAREY GANDY  
1505 CRESCENT CIRCLE, SUITE #29, LAKE PARK, FL 33403

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CAREY ORLANDO GANDY  
1505 CRESCENT CIRCLE, SUITE #29, LAKE PARK, FL 33403

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Signature/Registered Agent

  
Signature/Incorporator

9-17-2006  
Date

9-17-2006  
Date